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# The STD/HIV Prevention Section looks ahead to 2002

## HAPPY NEW YEAR!!

2002 promises to be a very exciting year for our section, as well as all of our contractors.

Rape and Sexual Assault monies have finally been released after much turmoil in the 2001 grant cycle. Look for the RFP's in January.

The STD program has and innovative project in collaboration with the Corrections System in Great Falls, as well as on-going consultation and education throughout the state.

The Ryan White Program has incredible news with increased funding for 2002 and the HOPWA grant.

The HIV program is gearing up for the HIVSAFE system to be implemented for all of our contractors, and working toward the RFP process for monies for the 2003 grant year; as well as continuing to support our contractors to the very best of our ability.

We look forward to working with all of you!

**Special points of interest:**

- *Excerpts from a magazine published as a creative outlet for users of illicit drugs*
- *New guidelines for CTR and Screening of Pregnant Women*
- *New Study: Cycling Drugs May Curb AIDS*

## "Sex and 'u' Web Site Designed to Fight STDs"

Gazette (Montreal) (12.04.01)

The "u" in www.sexualityandu.ca could be a 15-year-old boy trying to decide whether he's ready to have sex for the first time; a 23-year-old sexually active woman who doesn't want to get pregnant; a mom afraid to talk to her kids about sex; or a doctor who wants to communicate better with his patients about STDs. The Society of Obstetricians and Gynecologists of Canada developed the provocative new Web site partly in response to the rise in STDs.

Studies have shown that girls are starting to have sex at a younger age, "They are still using their sexual decision-making in a very unhealthy way based on them misunderstanding the risk."

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## "Experts Fear a Risky Recipe: Viagra, Drugs and HIV"

Like many straight men, many gay men are using Viagra as a remedy for erectile dysfunction. But surveys disclose that many gay Viagra users are taking it along with Ecstasy and other illegal drugs, leading some HIV educators to fear a rise in unprotected anal intercourse. And, when combined with the nitrite-based "poppers" some gay men inhale to heighten sensations during sex, Viagra can cause dizziness, strokes or heart attacks.

In a recent survey of men visiting a San Francisco STD clinic, 32 percent of gay respondents had used Viagra in the past year, compared to just 7 percent of straight men. The gay men who used Viagra reported having had more recent sexual partners than the gay men who did not use it, and they were more likely to have an STD currently. Thirty percent of gay HIV-negative Viagra users reported having had unprotected anal sex with HIV-positive men or with men of unknown HIV status, compared to just 15 percent of gay HIV-negative men not using Viagra. More than half the gay men had obtained Viagra from a friend instead of a doctor.

Still, it is unclear whether Viagra use leads to risky behavior or whether those who engage in risky sex are more likely to use Viagra. And some Viagra advocates suggest that it may actually reduce HIV transmission by making it easier to maintain an erection while wearing a condom.

## Excerpts from "Twacked" a 'zine from the guys of the Boulevard

Throughout this newsletter I have included excerpts from "Twacked", a publication from the Van Ness Recovery House Prevention Division. The prevention division is based on the philosophy of harm reduction. The overall objective of the program is to reduce the harm that can result from drug use by prevention of HIV infection and managing the physical, psychological and psychosocial manifestations of drug use without the requirement of abstinence or recovery. Success is evaluated by any change in behavior that reduces physical, psychological or psychosocial harm to our participants, their loved ones, and/or their community.

**I see myself as a blank page. I seem to be stuck on a merry-go-round and can't (or unwilling) to get off. The merry-go-round is crack.**

**Robbie**

## Guidelines for HIV Counseling, Testing and Referral

These recommendations update and expand on the CDC guidelines that were issued in 1994 and are geared toward public- and private-sector policy makers and service providers of HIV counseling, testing and referral (CTR). The revisions are the result of scientific and programmatic advances in HIV CTR, as well as advances over the last several years in prevention and the treatment and care of people infected with HIV.

The revised guidelines stress the importance of reaching individuals with HIV in a wide range of venues, from testing clinics and doctors' offices to non-traditional settings such as nightclubs, mobile vans, and homeless shelters.

**Get Your Copy**

To download an Adobe PDF format copy, visit http://www.cdc.gov/mmwr/PDF/rr/rr5019.pdf.

For a HTML copy, visit http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a1.htm.

## "Why Rapid HIV Tests, Widely Sold Overseas, Have Eluded the US"

Wall Street Journal (12.20.01)

During the past decade, many companies have developed HIV tests that produce nearly instant results in a clinic or doctor's office. According to CDC estimates, each year one-third of the 2.1 million people tested for HIV at public clinics don't come back for their results. The CDC and US Army officials say an easy-to-use, rapid HIV test is vital to the reduction of the US rate of HIV transmission. But simple, fast HIV tests, commonly used in dozens of other countries, aren't available in the US. Bio-Rad Laboratories Inc. controls the patent and has refused licensing rights to several small companies seeking to sell their fast HIV tests in the US. The three big companies to whom Bio-Rad sold some licensing rights do not sell the tests in the United States.

Critics at the CDC and the military say Bio-Rad and its three licensees have little incentive to sell a rapid test domestically because they already dominate the $200 million US market for the slower, lab-based HIV tests.

"They have, in effect, locked everyone out of the US market," said Nelson Michael; chief of molecular diagnostics at the Walter Reed Army Institute of Research. "I'd call it restraint of trade. It's a travesty to stand by and allow these tests to languish," said Dr. Bernard Branson, the CDC's epidemiologist in charge of HIV diagnostics. The CDC earlier this month asked the Department of Justice whether there was reason to initiate an antitrust investigation into the use of the patent by Bio-Rad and its three licensees, according to a person familiar with the situation. At Bio-Rad, spokesperson John Hertia says the company may have held up the marketing of rapid HIV tests in the US; but he says, "it's common in diagnostics to use your intellectual property strategically."

After the discovery of HIV-1, a patent was awarded jointly to the US National Institutes of Health (NIH) and the private French research center Institut Pasteur. Two years after the discovery of HIV-1, the Institut Pasteur's Luc Montagnier found a variant of the virus, now known as HIV-2. The Institut Pasteur was awarded a broad-based US patent that restricted others from using any portion of the virus. The institute then turned over control of the patent to Sanofi Diagnostics Pasteur, a joint venture it cofounded with a French pharmaceuticals company to commercialize the institute's discoveries. In 1999, Sanofi Diagnostics Pasteur was acquired by Bio-Rad. As part of the acquisition, Bio-Rad got the HIV-2 patent.

Meanwhile, many companies developed better and faster HIV tests that don't require a laboratory or even a refrigerator. These tests have quickly caught on overseas. As a result of the patent stalemate, last year the CDC changed its longstanding signal to doctors and hospitals that HIV tests be able to detect both forms of the virus. Instead the agency urged that the FDA approve tests for the HIV-1 virus alone. "We realized there was no other way to get around the patent," said Branson. In response to the CDC's move, several companies have recently been racing to conduct

## Recommendations for HIV Screening of Pregnant Women

The new guidelines, which encourage HIV testing as a routine part of prenatal care, replace CDC's recommendations published in 1995. The new recommendations, for public- and private-sector service providers who offer health care to pregnant women, also are the result of advances and lessons learned over the past years.

The new guidelines for pregnant women emphasize the simplified pretest counseling process and testing and treatment at the time of delivery.

These updated guidelines should help reduce barriers to HIV testing during pregnancy, promote universal offering of HIV testing to all pregnant women and support the Public Health Services (PHS) goal of maximally reducing perinatal HIV transmission in the U.S.

To Get Your Copy

To download an Adobe PDF format copy, visit http://www.cdc.gov/mmwr/PDF/rr/rr5019.pdf.

For a HTML copy, visit http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a2.htm

# Housing Opportunities for People with AIDS (HOPWA) Grant Received

As the result of a unique collaborative effort among three states, Montana has been awarded roughly $500,000 in HUD housing monies to be used over a three year period for rental assistance to dozens of low-income persons living with HIV and their families. Through a grant application process initiated and funded by the Gill Foundation located in Colorado, North and South Dakota and Montana came together to compete for a share of $6 million given primarily to new programs in rural areas that currently do not qualify for federal block grant funds.

One of three approved applications out of 18 nationwide, the full award of $1,309,501 for the three states was given to create the *Tri-State Housing Environments for Living Positively* (TS HELP). The grant is a part of HUD's *Housing Opportunities for Persons with AIDS* (HOPWA) program that awards funds for rental assistance, housing case management and other supportive services. This is an endeavor to provide stable home environments that are critical to the system of care for HIV positive persons who must deal with complex drug therapies and endure sometimes severe side effects.

The effort was coordinated by the Ryan White CARE Act Title II HIV Treatment Program which is administered through the STD/HIV Prevention section of MDPHHS. The CARE Act Title II program managers in all three states, whose federal monies from the Health Resources and Services Administration are primarily geared toward medical support services, were instrumental in developing the grant application in response to the urgent housing needs of their clients.

DPHHS Intergovernmental Human Services Bureau is the grantee charged with administration of the funds for all three states. Montana has two community based AIDS service organizations that will act as project sponsors for Montana's portion of the award. Missoula AIDS Council will direct housing services for the western part of the state and the Yellowstone AIDS Project in Billings will oversee the eastern half.

The state agency and these local, non-profit groups have formed a partnership to amplify a comprehensive housing and related supportive service continuum for needy Montanans with HIV/AIDS and their families. In a state with a documented shortage of affordable and low-income housing, Tri-State HELP rental assistance monies will ease some of the burden on existing Montana housing programs.

Contacts for further details:
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(406) 447-4260
Judy Nielsen, DPHHS

# "Internet Becomes Health Info Source" Associated Press (12.11.01)

Three-quarters of teenagers and young adults online have used the Internet to find health information, including details on depression, birth control and STDs, according to a survey released this week. "The Internet is empowering young people," said Vicky Rideout, vice president at the Kaiser Family Foundation, the source of the survey. She added, however, that young adults need to be educated on how to evaluate the information they find. The study found that 90 percent of teenagers and young adults ages 15-24 have used the Internet, and nearly half of them go online at least once a day. Among those who have checked health information, 44 percent have researched topics related to pregnancy, birth control, AIDS or other STDs. According to the study, 39 percent said they had changed their behavior because of information they had found, and 14 percent reported seeing a doctor as a result of their research.

# Hepatitis C Cost United States $5 Billion in 1997

(Reuters Health 10/8/01)

Hepatitis C, the most common bloodborne infection in the US, cost the country about $5.46 billion in medical costs, lost earnings and lost home production in 1997, roughly equivalent to the costs of asthma and rheumatoid arthritis, according to a study in the Oct. 8 issue of the "Archives of Internal Medicine." Reuters Health reports that although HCV was not as costly as HIV— estimated at $30 billion in 1992– the cost of HCV infection "justifies" increased funding requests for expanded prevention, screening, treatment and research initiatives, as HCV-related mortality could triple within the next two decades. "Our findings emphasize the tremendous impact that this epidemic is having on our society, not only in human lives but economic costs as well. As other clinicians who care for these patients can attest, patients that develop significant liver disease not only have high health care costs but are so severely disabled that they are unable to work," co-author Dr. Christopher Bowlus of the University of CA– Davis Medical Center told Reuters Health. HCV infection resulting in chronic liver disease accounted for 92% of the costs, not including costs associated with pain and suffering or costs of care provided by family members. The remaining 8% of costs were attributable to primary liver cancer resulting from HCV.

# Study: Cycling Drugs May Curb AIDS

New York Times (12/04/01)

A recent study by researchers at the National Institute if Allergy and Infectious Diseases (NIAID) offers encouraging news for AIDS patients on antiretroviral medications.

**"If further studies bear out what we've seen so far, it will mean that you can reduce the cost of therapy," said Dybul.**

The researchers found that a small group of patients was able to successfully follow a drug regimen of one week on and one week off antiretroviral medications. This may mean that AIDS patients on the powerful combination drug regimen can take weeklong vacations from the regimen and still control HIV.

In the study Mark Dybul, a clinical researchers, and his colleagues, selected ten HIV patients on highly active antiretroviral therapy. All participants took HAART in the standard way that they had taken the regimen before for seven days and then stopped for seven days for up to 88 weeks.

Serological tests indicated that the virus levels were maintained at the suppressed level in all patients who stayed with the schedule.

Some side effects were reduced in the experimental group. Dybul said that it is clear that the current group of antiviral drugs can control HIV infection, but not cure the virus. Once the drugs are halted for more than a week, the infection can come roaring back. "This means that these patients will be on the drugs for the rest of their lives," said Dybul.

Dybul stressed that a much larger clinical study is needed to indicate that the intermittent regimen is appropriate and safe for all HIV patients. And Dr, Jeffrey Laurence of the American foundation for AIDS Research said the study is "good news" for the AIDS community, but he cautioned that the cycling therapy has only been used in a small group of patients. He said it should not be followed by the one million Americans infected with HIV except under the direction of a doctor in a controlled trial. "I don't recommend that patients try this at home, " said Laurence.

The study has drawn voices of optimism from various quarters. International AIDS experts said if the intermittent drug therapy approach proves successful in other studies, it could have a dramatic effect on the HIV epidemic in developing countries, where the expense of the regimen often prevents patients from being treated.

For more information about this study : the early edition can be found at http://www.pnas.org/cgi/content/abstract/261568398vl.

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Department of Public Health & Human Services

STD/HIV Prevention Program
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## More from "Twacked" August/September 2001

If I could be anything I wanted...

*I would want to dance my way to Alvin Ailey's Dance Company and extend my artistry in drawing to where it inspires people to go on and follow their dreams. I would want to be seen as positive more so than negative.*

*Anonymous*

***I would be the wind because even at troubling times the wind can soothe your soul. Just when the hearty has aggravated your being the wind combs briskly over your skin, assuring that it is okay to breathe. You see there is not one person who is not affected by the wind. And it does more good than harm which is fine with me!!***

***Kenneth***

I EXPERIENCED JOY YESTERDAY WHEN I SAW AN OLD FRIEND. HE GAVE ME MONEY TO DO WHATEVER I WANTED WITH SIMPLY BECAUSE HE WAS GIVING. I GOT TO GO AND GET HIGH WITH THIS DUDE. THAT MADE ME HAPPY.

JONATHAN

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# MONTANA RESPONDS TO STD/HIV

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## *An Information Odyssey into HIV/HCV Prevention*

This two day HCV/HIV prevention conference will be held June 20-21 in Missoula, Montana. The conference agenda will be filled from eight o'clock until five o'clock both days. The cost is $25.00, whether you attend one or two days (free to those with a school ID). The location this year is the Missoula Children's Theatre, located at 200 North Adams Street.

This conference will be filled with HCV/HIV Prevention ideas and experts from all over the country. Our agenda features sessions and plenary speeches by Daniel Wolfe, author of "Men Like Us: The GMHC Complete Guide to Gay Men's Sexual, Physical and Emotional Well-being"; Richard Elovich, an organizer of needle exchange in New York City, is the author of numerous articles on gay men's sexual health and drug policy. Also on the agenda from the Salt Lake City area will be Luciano Colonno who has been instrumental in integrating law enforcement and community involvement into their street outreach; and Dr. Kristen Ries, a preeminent physician specializing in the treatment of HIV/HCV coinfections. For our special sessions on HIC/HCV among our Native American population we will be having Doug Thoroughman and Jeanne Bertolli, two CDC assigned epidemiologists, from IHS Albuqueque, NM, and Rita Harding RN, from IHS, Billings. Ray Straface from the Hepatitis C Connection out of Denver, CO, and Carolyn Pittenger RN, from Schering Oncology Biotech, will be presenting on establishing mutual aid/ support groups in Montana; and Dr. Joanna Buffington, a medical epidemiologist from CDC, presenting on viral hepatitis integration issues.

Don't miss this excellent educational opportunity .

Call Margaret Souza @ 444-2675 or Elton Mosher @ 444-6736 for more information. Watch for the registration forms in the mail.

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## Special points of interest:

- *Needle exchange programs keep people from sharing*
- *Doctors not screening for Chlamydia*
- *Montana AIDS bicycle ride*
- *Programs reduce risky behaviors in HIV positive youth*
- *Newsletter labels update*

## National Testing Day June 27th

The 7th National HIV Testing Day is Wednesday, June 27th. This year provides great opportunities for communities to coordinate outreach and promotional activities aimed at encouraging people to get tested for HIV. Although the focus is on targeted high risk populations, keep in mind that this campaign reaches everyone.

The overall goal of this campaign is increase the number of people at risk for HIV to get tested, and for those individuals to learn of their serostatus, seek necessary support and take charge of their health and life.

The official website for National Testing Day is www.nhtd.org

**Encourage testing!**

## Perinatal Guidelines Updated

The HIV/AIDS Treatment Information Services (ATIS) announces the release of the updated Public Health Service Task Force Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1 Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV-1 Transmission in the United States guidelines.

The primary changes include:
--- An expanded section on mitochondrial toxicity and nucleoside analogue drugs and issues in pregnancy. Recent data released by Bristol-Myers Squibb reported 3 maternal deaths due to lactic acidosis, 2 with and 1 without accompanying pancreatitis, in women who were either pregnant or postpartum and whose antepartum therapy during pregnancy included d4T/3TC at the time of conception and throughout pregnancy who presented with symptoms and fetal demise at 38 weeks gestation.
--- A new section on Preconceptional Counseling and Care for HIV-Infected Women of Childbearing Age has been added.
--- An updated discussion section of the Antiretroviral Scenarios #1 and #2 and #4.
The updated guidelines are available at http://hivatis.org/trtgdlns.html.
You can request a copy of the updated guidelines in hardcopy or have a PDF file sent directly to your mail address through our easy on-line ordering system at http://hivatis.org/request.html?list. Or if you prefer, you can call us at 1-800-448-0440 to request a single copy.
(CDC HIV/STD/TB Prevention News Update 1/25/2001)
For information about the treatment of HIV and AIDS-related illnesses, contact our ATIS Health Information Specialists at 1-800-448-0440 or at atis@hivatis.org.

## HIV Prevention Counseling/Testing Courses Planned in 2001

There will be two complete two-day HIV Prevention Counseling/ Testing Courses conducted in Montana

for persons new to HIV Prevention Counseling. One of those will be held in Missoula on May 11-12 and the other one held in Great Falls in the autumn. If you have individuals that need to be trained, please call Margaret or Shelley at 444-3565 to get registered.

In addition to these two courses, Montana will sponsor two, one-day only, updates for persons who would like to update their counseling skills. These courses will be taught by instructors from the John Snow Institute and will be held in Missoula and Billings. We are still coordinating dates for those meetings. If you are interested in participating in one of those courses, please call Shelley or Margaret at 444-3565 for a registration form. All of these courses are available at no charge to you.

## STUDY SHOWS IDUs AT NEEDLE EXCHANGE PROGRAM SHARE FEW SYRINGES

Public health researchers at the Keck School of Medicine of the University of Southern California (USC) and the New York Academy of Medicine report that most injection drug users who take part in community needle exchange programs do not share their needles. The researchers note in the March issue of the American Journal of Public Health that because the results of the two-year study indicated that some drug users continue to share needles, despite the risks of contracting HIV and hepatitis B and C, "programs need to renew efforts to discourage further sharing of syringes obtained from the program." The authors studied nearly 1,200 injection drug users who participated in a Baltimore needle exchange between 1995 and 1997, and they found that about 17 percent of the addicts reported recently sharing a syringe, usually with a friend.

Study co-author Thomas W. Valente, an associate professor at the Keck School at USC, said, "People working in HIV prevention need to get the message out that sharing with friends might seem natural and safe, but that isn't necessarily so. It is safer to use your own needle, and even safer to stop injecting altogether." Boston Globe Online (www.boston.com/globe) (02/28/01)

## Exposure of Healthcare Workers in England, Wales, and Northern Ireland

In 1997, the United Kingdom adopted an improved program of surveillance regarding occupational exposure to bloodborne viruses. Under the program, occupational health departments must document any work-related exposures to potentially infectious material from patients testing positive for antibodies to HIV or hepatitis C virus (HCV) or for hepatitis B surface antigens. For HIV and HCV, more information is required about the incident after six weeks, including baseline testing of the employee and the source patient. In addition, details of post-exposure prophylaxis (PCP) are required for HIV exposure. Between July 1997 and June 2000, 813 initial reports were filed from health care workers who were exposed to bloodborne viruses, including 725 reports of exposure to just one virus, 83 reports of exposure to two, and five reports to three. An evaluation of the reports revealed that the most commonly reported exposed groups were midwives, nurses, and doctors, with percutaneous injuries the most frequent type of exposure. Of the 293 exposures to HIV, there was one incidence of transmission, despite the use of PCP, while there were none in the nearly 500 exposures to HCV. Follow-up reports after six months are not yet available for all the cases, however.

Photo Illustration/MSNBC

British Medical Journal Online (www.bmj.com) (02/17/01)

## Survey Finds Doctors Not Screening Teenage Girls for Chlamydia

Two out of three primary care physicians are not screening sexually active teenage girls for chlamydia, according to a survey published in this month's Journal of Adolescent Health. Reuters Health reports that Dr. Robert Cook and colleagues at the University of Pittsburgh found that only 32% of 546 physicians surveyed, including internists, family physicians, pediatricians and OB/GYNs, routinely screen sexually active teen girls as part of a gynecologic exam. Female doctors, doctors working in clinics or group practices and those in metropolitan areas were more likely to screen for chlamydia, as were physicians who has a "greater proportion" of African-American patients. The researchers also found that physicians who believe that most 18-year-old patients are not sexually active or that the rate of chlamydia is "too low to make screening effective" are less likely to screen for the disease. "The study's findings strongly suggest that physician adherence to chlamydia screening guidelines for teenage women is inadequate and must be improved," Cook's team concluded. Chlamydia, "eas[ily]" treated with antibiotics, can lead to pelvic inflammatory disease in 20% to 40% of women if left untreated. Preliminary studies also show a possible link between the disease and cervical cancer. ReutersHealth states that chlamydia may increase the risk of HIV transmission. For these reasons, the CDC recommends that all sexually active teens be screened for the disease (McKinney, Reuters Health, 3/26).

> *"physician adherence to chlamydia screening guidelines for teenage women is inadequate "*

## Bicycle ride across Montana for AIDS Vaccine Research

It has been brought to our attention that there is at least one team of eight individuals from Montana riding across the state this summer to raise money for AIDS vaccine research. The ride will begin in Missoula and end in Billings.

This group of people works at Alternative Youth Adventures in Boulder, Montana and each is responsible for their own fund raising and getting sponsors for their efforts. If you would like to assist in this fundraiser without getting a team together yourself and dragging out your bicycle, please call Kelly Keilman at (406) 225-3176 or write to AYA , P O Box 1088, Boulder, MT 59632.

The money raised will be used to fund three teams of researchers working towards the eradication of AIDS. These teams of researchers include Dr. David Ho, Dr. Rafi Ahmed, and Dr. Irvin Chen. All three of these teams are US based.

## Sexual Diseases Are Up Sharply in Seattle Area

Health officials in the Seattle area are warning that sexually transmitted diseases (STDs) are on the rise. According to Dr. Alonzo Plough, the health director of King County, syphilis was all but eradicated in the area in 1996, after reaching a rate of about 150 cases per 100,000 people among gay and bisexual men in 1982. Plough reported Tuesday that syphilis rates are back to what they were nearly two decades ago, and three-quarters of the gay and bisexual men diagnosed with syphilis also are infected with HIV.

In addition, the rate of gonorrhea among gay and bisexual men in the county last year was about 400 cases per 100,000 people, after having dropped to less than 200 cases in 1996, while the rate of chlamydia among gay and bisexual men visiting the STD clinic at the Public Health Department has increased three-fold. Health officials attribute the increases to substance abuse; "epidemic fatigue," as some gay and bisexual men give up on safer sex; and also new AIDS drugs that are leading some gay and bisexual men to believe that HIV is less dangerous than it once was.

Seattle Post-Intelligencer (www.seattlep-i.com) (03/21/01)

## Program Reduces Risky Behavior in Youths with HIV

Researchers in California report in the American Journal of Public Health (2001;91:400-405) that a new program called "Act Safe" has been proven to reduce risky sexual behavior among HIV-positive teenagers. Dr. Mary Jane Rotheram-Borus and colleagues from the University of California at Los Angeles studied the behaviors of 310 HIV-infected teenagers during the two-part intervention project, tracking risky behaviors associated with HIV transmission and then following-up with the students after six months. The "Act Safe" portion of the project focused on educating teens about changing risky behaviors and resulted in significant decreases in sexual encounters with HIV-negative partners, unprotected sexual encounters, and drug use. The "Stay Healthy" portion of the program--which counseled the teens about coping with HIV--demonstrated a better response from the girls than the boys as far as healthier lifestyle changes, although both sexes benefited from the social support issues.

Reuters Health Information Services (www.reutershealth.com)

## Recommended Websites for Treatment Questions

The AIDS Education and Training Centers (AETC) National Resource Center (NRC)
http://www.aids-ed.org/

CDC NCHSTP-Divisions of HIV/AIDS Prevention Website
http://www.cdc.gov/hiv/pubs/guidelines.htm

HIV Treatment Guidelines
http://www.hivatis.org

Johns Hopkins AIDS Service
http://www.hopkins-aids.edu

UCSF: HIV Insite
http://hivinsite.ucsf.edu

Journal of American Medical Association (JAMA)
http://www.ama-assn.org/special/hiv/

Medscape (Infectious Diseases)
http://www.medscape.com/Home/Topics/ID/InfectiousDiseases.html

The 8th Conference on Retroviruses and Opportunistic Infections (and archives)
http://www.retroconference.org/

# Critics Say Antiretroviral Ads Send Wrong Message, Lessen Concern About AIDS

Officials in San Francisco, concerned that ... "advertising images of healthy looking young men engaged in an active lifestyle is contributing to a lessening of concern in the gay community about the fatal danger of HIV," will soon hold public hearings on whether to ban public advertising of prescription drugs used to treat HIV, Newsday reports. In addition, the FDA is "scrutinizing claims that such ads may contribute to unsafe sex in the gay community. Recently published studies have noted a rise in HIV infections among gay men in several major cities, a fact that has some worried that advertising depicting "sexy, athletic men scaling mountains, going to parties and having fun" may be "masking the fact that HIV poses a fatal danger." AIDS activist Jeff Getty of the San Francisco group Survive AIDS noted that his organization has lost 75% of its members to AIDS over the last decade. "We don't think it's a sexy disease," he said, adding, "It's about IV poles, wheelchairs and pain." Jeffrey Klausner, an epidemiologist with the San Francisco Department of Public Health, is in the process of conducting an opinion survey of gay and straight men who visit the city's clinics for STD treatment. Of the 262 men surveyed so far, 72% agreed with the statement, "HIV drug advertisements ... portray men who are healthy, handsome and strong." Sixty-two percent said they felt "these types of advertisements affect a person's decision to have unprotected sex." The survey will not be complete until Klausner has polled 1,000 men, at which time San Francisco Board of Supervisors Chair Tony Amiano wants to make the results public and hold hearings on the matter. He said he will "push" the board to ban such ads from city buses, subways and property "unless the drug companies agree to devote half their ad space to promoting protective use of condoms." Klausner said that based on his research, he is convinced that "the drug companies are using sex to sell drugs. ... This strategy sells sex to a very vulnerable and sexually identified population ... resulting in perhaps unexpected increases in sexual activity." Drug companies are "increasingly" using direct marketing to consumers to sell their AIDS drugs. Merck and Co. advertises the drug Crixivan with an image of four "attractive young men" atop a mountain and a caption that reads, "Going the distance. If you're HIV-positive, Crixivan may help you live a longer, healthier life." Bristol-Myers Squibb has two large campaigns, one promoting the drug Videx, with the slogan "Mission Accomplished!" Kyra Lindeman, a spokesperson for Merck, did not respond directly to the allegations about the ads, but said the AIDS drug marketplace is "highly competitive." She noted that Merck has had a direct campaign for Crixivan since 1996 and that the company has found such ads "motivate consumers to go and talk about their disease conditions with their physicians" (Garrett, Newsday, 3/14). Richard Klein, the FDA's HIV/AIDS program director, has asked the agency's general counsel to review the ads, but said it is "probable" that the agency will not be able to "take legal regulatory action based on the photographs" unless they find that the ads are "misleading relative to the drugs' label indications." (Alyson Browett, Kaiser Daily HIV/AIDS Report, 3/14).

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Clip and return to STD/HIV Section by return Mail (address on reverse side)

## UPDATING THE NEWSLETTER MAILING LABELS

We are evaluating the effectiveness of this newsletter. Would you please take a few minutes to answer these questions and return this to the address on the reverse side?

1) Do you want to continue to receive this newsletter in paper copy? YES NO
2) This newsletter is now on the Web. Is that a preferable option? YES NO
3) Do the articles prove to be of interest and pertinent to your setting? YES NO
4) Is your mailing address correct on the reverse side of this page? YES NO
5) Do you have any suggestions for improving the quality of this newsletter? If so, what are they?

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# MT Responds to STD/HIV

## 20 Years of AIDS is Enough!

On June 5, 1981, the CDC published a Morbidity and Mortality Weekly Report (MMWR) account of a new disease that was hitting gay men. This report ushered in what we now know as the AIDS pandemic. In the United States alone, almost 900,000 people are infected with HIV. Worldwide, tens of millions are believed to be HIV-infected, and untold millions have already died of AIDS.

CDC's National Center for HIV, STD & TB Prevention has developed a Web site to assist organizations and individuals wishing to mark 2001 as the 20th commemoration of AIDS. The site includes significant articles, streaming Web videos, a 20-year timeline and other significant information. The site is located at http://www.cdc.gov/nchstp/od/20years.htm.

Through the hard work of many dedicated individuals, we have been able to make great strides in developing new medications, devising prevention strategies, and providing needed care and services for people with HIV. Yet we still have a long way to go. We do not have a cure for HIV/AIDS, and we do not have a vaccine to prevent new infections.

In 20 years, AIDS has changed the face of the United States and the world. We can use this milestone to once again bring attention to the devastation and impact HIV/AIDS has had locally and globally. We can use this day to acknowledge all those who have passed from AIDS and to recommit ourselves to bringing this global pandemic to an end.

CDC HIV/STD/TB Prevention Update June 5, 2001

Inside this issue:


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Special points of interest:

- Nominations for WAD awards soon
- Videoconferences available on tape
- HIV SAFE to be piloted in October
- Retreat calendar set

## Conference a success

"The Information Odyssey into HIV/HCV Prevention" was a huge success in Missoula, June 20-21. The Missoula Children's Theatre was spacious and accommodating, albeit a bit warm. The speakers were a wealth of information on all aspects of HIV/HCV. We learned from physicians, scientists, harm reduction specialists, and long term survivors of these diseases. There was truly something there for every one in attendance. The final count for participants was 160, excluding staff members and speakers.

If you missed a session and wanted the handouts that were distributed, give Margaret Souza a call @ 444-2675. She may be able forward a copy to you.

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# Planning for World AIDS Day – December 1, 2001

World AIDS Day is an opportunity to bring together existing HIV/AIDS projects and programs and to encourage the creation of new HIV/AIDS awareness and prevention programs. The goal is to motivate individuals, communities and states to become involved in the issues surrounding HIV/AIDS. World AIDS Day can be observed in many ways. To help coordinate events in your community, refer to the following checklist:

1) Research HIV/AIDS stats in your county or the state.

2) Develop partnerships with other interested parties, i.e. Red Cross Chapter, CBOs, places of worship, schools, and libraries.

3) Target an audience. Develop an activity with a specific group in mind to reach.

4) Select an activity that will appeal to the target audience.

5) Create a planning checklist. Who to contact, when, where, plan location, etc.

6) Seek funding. Partner with organizations that can share resources or volunteers.

7) Invite participation. Think of others who may be able to raise awareness.

8) Publicize your event. Many local newspapers or radio will allow free advertising.

9) Notify the media.

10) Evaluate your success!!

# Time to Consider Nominations for WAD Awards

**"nominees that excel either in the education arena or the public health arena"**

December 1st is commonly referred to as World AIDS Day (WAD) by its organizers, the American Association for World Health. In Montana we celebrate WAD, at the state level, with an awards ceremony. This year's ceremony will be held on November 30th. The award , "The Governor's Award for Excellence in HIV Prevention Efforts," is given to nominees that excel either in the education arena or the public health arena.

The Office of Public Instruction (OPI) and the DPHHS collaborate on this project to honor those individuals that have gone "above and beyond" to spread the prevention message throughout Montana, have worked unceasingly to improve the quality of life for HIV positive individuals, or have advocated for better understanding of this disease.

Nomination forms will be going out in the fall to the school districts and HIV prevention sites. If you are interested in receiving a copy of the specific requirements, call Susan Court @ 444-3178 or Margaret Souza @ 444-2675.

# Calendar of Events

HIV Prevention Grant to CDC – September 4

Montana Public Health Association , Billings Sept. 10-12 Billings Holiday Inn Grand Montana

HIV Contractor's Meeting in Helena – 10/01-10/02 First Presbyterian Church in Helena (corner of Rodney and 11th Ave.)

HIV Consortia Meeting in Helena – 10/02-10/03 Cogswell Building Room C-209A

Pilot HIV SAFE project with FDH & Associates and Yellowstone AIDS Project - October 15th through 2001

HIV Prevention Counseling Testing Course in Bozeman Oct.24 – 25

World AIDS Day award ceremony in Helena at Jorgenson's November 30 at 10:30am

World AIDS Day - December 1st

# Faith-Based Role is Seen for Gay Churches

by Larry Witham

The Rev. Troy Perry, leader of a majority-gay Christian denomination, said yesterday that the Bush administration's faith-based initiative was so likely to pass that its congregations should prepare to request funds for work in AIDS ministries. Perry said that churches will need to prepare resources so congregations can "seek funding for their many community-based services." Believing that "some version" of a successful House bill will pass the Senate, Perry said projects in HIV and AIDS services, prison ministries, poverty and "at-risk lesbian, gay, bisexual and transgender youth" should step forward as worthy of bidding for federal welfare funds.

One obstacle to a Senate bill is Democratic concern that government-contracted ministries that believe homosexuality is a sin will deny either employment or domestic partner benefits to gay employees. "I have the greatest respect for my fellow activists and religious leaders who have opposed enactment of the law", Perry said. But now "we must also focus upon ensuring that the federal government administers this program with neutrality, nondiscrimination, and openness to all religious groups."

Washington Times
(08.02.01)

## Videoconferences available on tape from DPHHS

The DPHHS has the following videoconferences recorded on tape available to lend out to interested parties:

"National HIV Testing Day and Prevention for People Living with HIV/AIDS" - June 22, 2001

"Management of HIV/AIDS in the Correctional Setting: Management of the HIV/ Hepatitis C Co-infected Patient" - June 5, 2001

"HIV Prevention Update: Men Who Have Sex with Men" - November 30, 2001

"The Impact of Stigma on HIV Prevention Programs" - April 30, 2001

"23rd Annual Minority Health Conference Race, Class, and Environment: The State of Minority Health" - February 16, 2001

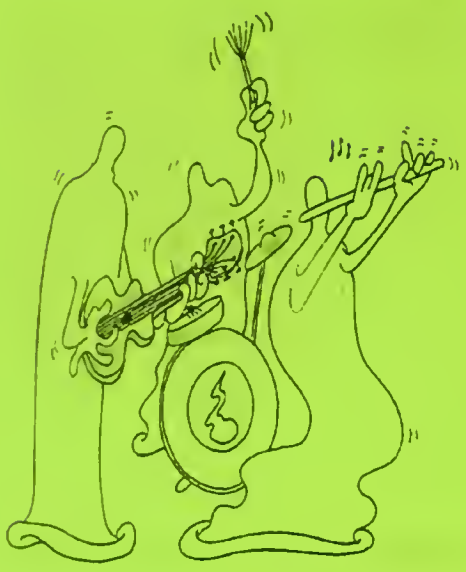
"High Impact: Substance Abuse and HIV Care" - 2000

If you would like to borrow one of these tapes, please call Shelley or Margaret @ 444-3565.

# HIV SAFE (Statewide Activity For Evaluation) System by Amy Kelly

The Montana HIV SAFE application facilitates the collection and reporting of data used for HIV intervention planning and measurement through the web. The Montana HIV SAFE system will allow the capture and tracking of both non-identified individual and group demographic information through various forms of interventions. This system provides HIV intervention planning, tracking, reporting, and evaluation. The Montana SAFE system is being developed by TRW, a computer-consulting firm. Currently TRW has supplied a design document and they are currently working on system development. FDH & Associates and the Yellowstone AIDS Project have been selected as the contractor site to pilot test the system. This pilot testing will occur in October 2001. Projected completion date for the HIV SAFE System is mid November 2001. Target date for implementation for the HIV prevention contractors will be 2002.

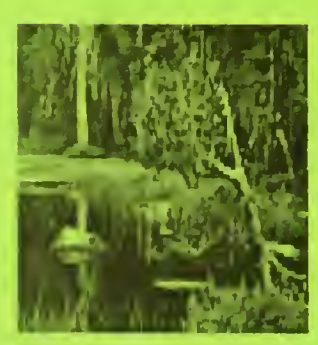
# Public Health Officials Worry That Report on Condoms Will Dissuade People From Using Them



RUBBER BAND

Public health officials are concerned that a new NIH report "could deter some people from using" condoms because of its conclusion that condoms may not prevent some STDs, the Washington Post reports. The report, which was formally released by HHS on Friday, states that condoms "have been proven effective" at preventing transmission of HIV and male gonorrhea, but adds that "research so far was inconclusive" on whether they also prevent transmission of syphilis, herpes, chlamydia and some other infections (Okie, Washington Post, 7/21). The 30-page report, which grew out of a June 2000 meeting of officials from the NIH, CDC, FDA and USAID, concludes that more research is needed to determine whether condom use can effectively protect against transmission of human papillomavirus, chlamydia, syphilis, chancroid, trichomoniasis and genital herpes (Kaiser Daily HIV/AIDS Report, 7/20). Edward Hook, a professor of medicine at the University of Alabama and a member of the panel that drafted the report, said he fears that "misunderstanding of the report's conclusions could dissuade" some sexually active people from using condoms, adding that this would be a "very dangerous" result. Willard Cates, president of Family Health International, a not-for-profit group that has conducted research on condoms and other birth-control methods, added, "The data clearly show that condoms ... prevent HIV, the most severe sexually transmitted infection, and gonorrhea, the most easily transmitted infection. ... We should push them." Cates added that the lack of research data on condoms' effectiveness at preventing other STDs "does not mean that they are ineffective against those diseases," since studies have shown that viruses do not pass through latex condoms. But J. Thomas Fitch, a Texas pediatrician who also served on the report's panel, said that "people cannot assume that using a condom will protect them from all STDs," adding that the only way to have total protection is to abstain from sexual activity until marriage Washington Post, 7/21).

## Upcoming Retreat Opportunities



Sept. 5-9 *"Woman Power: A Retreat for Positive Women"* Contact: Claudia Montagne cmontagne@qwest.net or Kay Robertson @ (406)457-8945.

Sept. 13-16 *"HIV Positive Gay Men's Health Retreat"* Contact: David Herrera at FDH & Associates @ 1-888-713-4683.

Oct. 5-7 *"Utah Gay Men's Health Summit"* Contact: FDH & Associates at number above.

Oct 19-20 *"MT Gay Men's Health Summit"* Contact: FDH & Associates at number above.

Oct/Nov-dates to be announced *"Fall Gay/Bisexual Men's Health Retreat"* Contact: FDH & Associates at 1-888-713-4683.

Nov. 2-4 *"HIV Positive and Partners (family member) Retreat"* Contact: FDH & Associates at above number.

**Call for more information or registration forms for any of these retreats.**

# HIV-Positive Individuals in Rural Areas More Likely to Experience Depression, Suicidal Thoughts

Individuals with HIV living in rural areas of the United States are more likely than their urban counterparts to be depressed and have suicidal thoughts, and many feel that their disease stigmatizes them from the rest of their community, Reuters Health reports. Dr. Timothy Heckman, a psychologist at Ohio University-Athens, and colleagues conducted telephone interviews of 201 HIV-positive individuals who lived in towns with 50,000 or fewer people located at least 20 miles from towns with a population of more than 100,000. Nearly two-thirds of the participants lived in towns with 10,000 or fewer residents. The study findings revealed that 38% of participants reported having suicidal thoughts within the past week. Six percent of respondents said that they "would like to kill themselves or would have killed themselves if they had the chance in the past week." In addition, individuals contemplating suicide "experienced more stress associated with the possibility of transmitting their infection to others" and also experienced stress related to "HIV-related stigma and discrimination," Heckman said. He added that discrimination based on HIV status occurs "at unacceptably high rates" in rural areas, and that many HIV-infected people said they could "enjoy a better quality of life" if that stigma was reduced or eliminated. "It is important for residents of rural communities to realize that, when they stigmatize or discriminate against a rural person living with HIV/AIDS, they may very well be contributing to his or her psychological demise," Heckman said. He added that "emotionally vulnerable" HIV-positive individuals in rural areas should seek either therapy or antidepressant drugs (Mulvihill, Reuters Health, 4/18).

## MMWR Articles Available on the Web

The following Morbidity and Mortality Weekly Reports were recently released and are available for download at: http://www.cdc.gov/hiv/pubs/mmwr.htm

* Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm
http://www.cdc.gov/mmwr/PDF/rr/rr5011.pdf (in PDF - 336,869 bytes)
APPENDIX A. Practice Recommendations for Health-Care Facilities

Implementing the U.S. Public Health Service Guidelines for
Management of Occupational Exposures to Bloodborne Pathogens
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a2.htm

## Welcome to Cindy Beyer, new Accounting Tech

Cindy has been in EMS for five years as a Licensing Technician, obtained her First Responder certification, and worked in the ER as a security officer for four years. She hasn't given up EMS, but is now using her accounting skills to add a different dimension to her work and is enjoying the change. She has been with DPHHS since 1976, spending most of that time with the Child and Adult Care Food Program processing reimbursements. She was born and raised in Helena and loves her surroundings. She likes the outdoors: canoeing, hiking, snowmobiling, trap shooting, gardening and crafts. She owned and operated a preschool, using her education in Early Childhood Development from Western MT College in Dillon.This background gave her the tools, wisdom and stamina to raise three boys! Please stop in and say "hi" to Cindy!

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Debbie Cook

# "Surgeon General Issues 'Call to Action' on Sexual Health"




Surgeon General Satcher called on parents, schools and community leaders to get past their nervousness about sex so they can do a better job preventing unwanted pregnancies and STDs.

"The Surgeon General's Call to Action to Promote Sexual Health and Responsible Behavior," two years in the making, begins by detailing the problem. Each year 12 million Americans contract an STD; 40,000 become infected with HIV; 100,000 children are sexually victimized; nearly half of all pregnancies are unwanted, resulting in 1.4 million abortions; and, 800,000 to 900,000 Americans are living with HIV.

Touching on some of the most contentious sexual issues, the report calls on Americans to respect "the diversity of sexual values within any community." It says there is no valid scientific evidence that sexual orientation can be changed, and it details the mental health consequences of the harassment of gays and lesbians.

Abstinence is the only sure way to prevent pregnancy and disease, and even when properly used condoms do not prevent the spread of all STDs, the report says. But it finds no evidence that abstinence-only programs supported by President Bush and other conservatives are effective, saying more research is needed. Satcher's report encourages abstinence until one is in a "committed, enduring and mutually monogamous relationship." Federal abstinence programs call for abstinence until marriage. "I have to deal with reality," Satcher said when asked about the difference.

Satcher's report recommends:
-Providing adequate training in sexual health for health care professionals.
-Ensuring that programs aiming to prevent sexual abuse are available.
-Encouraging stable and committed adult relationships, particularly marriage, to help strengthen families.
-Increasing scientific research on sexual health from childhood through old age.
-Developing and disseminating materials for sex education classes that cover the "full continuum of human sexual development" for use by parents, clergy, teachers and others.

Associated Press (06.28.01):Laura Meckler